

# Membership Application



## Agency - Main Office Information

Agency Name: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Main Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Website: \_\_\_\_\_ E&O Exp. Date: \_\_\_\_\_

Business Type (*Circle One*): Corporation    LLC    Sole Proprietorship    Partnership

## Branch Location(s) \*If you have more offices than can be listed here, please attach an additional sheet of paper with the information requested below for each location.

Agency Name: \_\_\_\_\_ Agency Name: \_\_\_\_\_

FEIN#: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

- Yes  No The agency has one or more TN resident agents with an active and unrevoked insurance license issued by the TN Department of Insurance and/or maintains a physical office in TN.
- Yes  No The agency operates on a commission and/or fee basis for its own account, owns its expirations within the terms of agency contracts, and has the ability to legally represent more than one insurance company.
- Yes  No The agency agrees to abide by all the provisions and beliefs stated in the association's Code of Ethics and will do its part to uphold and perpetuate the profession of these independent insurance agents.
- Yes  No The agency chooses to accept and be bound by the terms of the Trusted Choice Pledge of Performance. (You may decline participation and not be bound by the terms by opting out. No license is then granted to use the trademark, advertising, or be listed on TrustedChoice.com agency locator.)
- Yes  No Agency employee(s) consent to receive communications sent by or on behalf of Insurors, and their subsidiaries and affiliates via regular mail, email, telephone or fax.

# Calculating Dues

**IMPORTANT:**

List all locations that share an FEIN# with the main agency location. Locations with different FEIN numbers will need to complete a separate membership application.

Determine the number of full time **AND** part time employees from your main office and all other locations (including owners, principals and non-licensed employees): \_\_\_\_\_

Reference the chart to the right using your employee count to calculate your yearly dues.

\* Dues to Insurors of Tennessee are not deductible as a charitable contribution, but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary business expense to the extent that Insurors engages in lobbying.

Dues Schedule	
Employees	Dues Amount
1-4	\$550.00
5	\$672.00
6	\$800.00
7	\$920.00
8	\$1,070.00
9	\$1,197.00
10	\$1,386.00
11-12	\$1,560.00
13-14	\$1,800.00
15-17	\$2,100.00
18-20	\$2,500.00
21-30	\$3,000.00
31-49	\$3,250.00
50+	\$3,500.00

# IIABA and Insurors of Tennessee Logo Usage

Insurors of Tennessee membership applications and renewals, if accepted, will automatically register this agency as a member of the Independent Insurance Agents & Brokers of America. As a member of IIABA and Insurors of Tennessee, you will be entitled to use Insurors of Tennessee’s registered trademark. Should you terminate your membership in Insurors of Tennessee, you must stop using the logos.

## Company Representation

Please provide the name of at least one Independent Agency System company that your agency represents:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employee Counts & Dues

*\*Please see next page for detailed explanation and instructions.*

Employee Count  
(all locations with the same FEIN#):

\_\_\_\_\_

Dues: \_\_\_\_\_

## Certification

I certify that the information provided above is true and correct and that I have read and understand the information, eligibility requirements, terms and conditions on the back of this form.

Signature:

\_\_\_\_\_

Print Name:

\_\_\_\_\_

**EMAIL APPLICATION TO  
INFO@INSURORS.ORG**

# Agency Payment Authorization

*Insurors membership dues can be paid annually or via perpetual membership. Please select your preferred payment option below:*

One-time Annual Dues Payment: Payment will be processed upon receipt

Checks made payable to Insurors enclosed or being sent under separate cover

Payment information via credit card or bank draft provided below

**(OR)**

Perpetual Membership: Automated dues payments based on frequency chosen below. Agency and branch location membership will renew automatically each year on January 1 via the form of payment below (unless you notify Insurors in writing of your intent to cancel). Any branch fees will be charged in full each January 1 through a separate transaction.

**Monthly payments**          Deducted at the time of processing & continue thereafter on the first of each month

**Semi-annual payments**      Deducted at the time of processing & thereafter Jan. 1 and July 1

**Annual payments**              Deducted at the time of processing & continue thereafter on Jan. 1

## *Payment by Credit or Debit Card:*

Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ CVV: \_\_\_\_\_

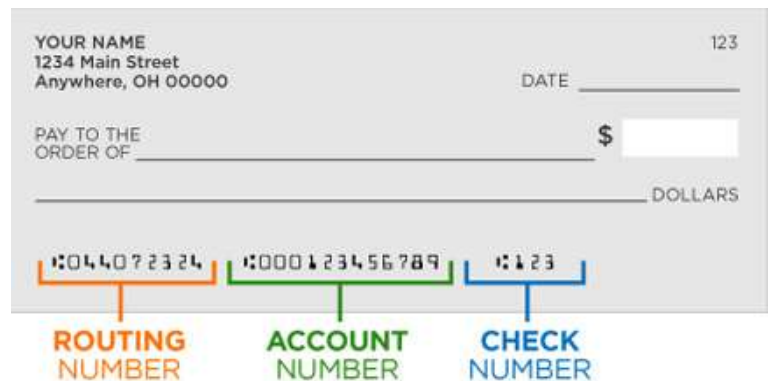
## *EFT Payment by Bank Draft:*

Bank: \_\_\_\_\_

Name of Signee: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_



I (we) hereby authorize Independent Insurance Agents of Tennessee Inc. dba Insurors of Tennessee, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for dues. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

